

Wheelchairs, Mobility Devices, and Seating Systems4.210 7506-Wheelchairs, Mobility Devices, and Seating Systems

(04/01/1999, 98-11F)

4.210.1 Definitions

- (a) **“Wheelchairs and Mobility Devices”** ~~means Wheelchairs and mobility devices are~~ items of durable medical equipment (DME) that enable mobility for ~~those~~ beneficiaries unable to ~~ambulate by other means~~ functionally ambulate. A mobility device, including a power operated vehicle, is an item that serves the same purpose as a wheelchair, ~~but may be an appropriate alternative for a beneficiary otherwise requiring a wheelchair.~~
- (b) **“Functional Ambulation”** means the ability to walk with or without the aid of a device such as a cane, crutch, or walker for medically necessary purposes as defined in 4.210.2(a)(1).
- (c) **“Mobility-Related Activities of Daily Living (MRADL)”** means activities such as toileting, feeding, dressing, grooming, and bathing. ~~—~~
- (d) **“A Mobility Limitation that significantly impairs a beneficiary’s ability to participate in one or more MRADL”** means a limitation that:
- (1) Prevents the beneficiary from accomplishing an MRADL entirely, or
 - (2) Places the beneficiary at heightened risk of morbidity or mortality when attempting to perform an MRADL,
 - or
 - (3) Prevents the beneficiary from completing an MRADL within a reasonable time frame.

~~(b)(e) “Customize” customizing is defined as means making significant alterations or modifications to a component that are not anticipated in the manufacturer’s design, or require fabrication of another component or hardware in order to adapt the equipment to a beneficiary or to the wheelchair.~~
~~A seating system must contain a seat and/or back with one other positioning component. It is assembled on a mobility base (frame/wheels) to promote neutral alignment and/or accommodate a fixed postural deformity in order to improve function. These definitions of a wheelchair and a mobility device are consistent with the federal definition found at 42 CFR §440.70(b)(3).~~
~~7506.1 Eligibility for Care (04/01/1999, 98-11F)~~

~~Coverage for wheelchairs, mobility devices, and seating systems is provided for beneficiaries of any age.~~

7506.2 4.210.2 Covered Services ~~(04/01/1999, 98-11F) 7506.1~~

- (a) Wheelchairs, mobility devices, seating systems, and related services are covered when medically necessary.
- (b) Wheelchairs and mobility devices are considered medically necessary when a beneficiary has a mobility limitation that significantly impairs his/her ability to:
- (1) Participate in one or more MRADLs in or outside of the home,
 - (2) Access authorized Medicaid transportation to medical services, or
 - (3) Exit the home within a reasonable timeframe. ~~that have been pre-approved for coverage are limited to:-~~

~~(a)(c)~~ Rental of Wheelchairs and Mobility Devices

- (1) Payment will be made for rental of one device under the following circumstances a wheelchair:

~~(a)-~~

- ~~(A) While waiting for purchase or repair of a custom chair, when there is no other available option; or~~
~~(A)(B) (b) For documented appropriate short-term acute medical conditions,~~

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(C) During a trial period, or-

(D) As part of Medicaid reimbursement requirements for items of DME subject to capped rental.

~~Documentation is required to show that the beneficiary would have substantial chair or bed confinement without a wheelchair.~~

(d) Purchase of Non-Customized Manual Wheelchairs:

- (1) Payment will be made for ~~standard non-customized~~ manual wheelchairs for beneficiaries who have documented long-term medical needs. ~~and are capable of upper body function sufficient to self-propel.~~

(e) Purchase of Custom Wheelchairs, and Mobility Devices:

(2)(1) Battery Operated Wheelchairs, Three-Wheeled Power Vehicles, and Other Mobility Devices-

Payment will be made for a ~~customized~~ manual wheelchair, a ~~battery-operated power~~ wheelchair, a ~~three-wheeled power-operated~~ vehicle, or other mobility device when a beneficiary's MRADLs needs cannot be reasonably met/accomplished by the provision of a ~~standard non-customized manual~~ chair.

(f) Purchase of a Second Wheelchair or Mobility Device:

- (3)(1) Payment is limited to one primary piece of equipment, except when a beneficiary ~~with a with power an electric wheelchair~~ needs a manual wheelchair when medically necessary to meet a therapeutic objective. ~~Prior authorization is required.~~

(g) Purchase of Replacement Wheelchair or Mobility Device:

- (1) Payment will be made for replacement wheelchairs or mobility devices for:

(A) Beneficiaries with specific documented growth needs,;

(B) ~~for b~~ Beneficiaries with a change in medical status that necessitates replacement, ~~of equipment;~~

(A)(C) ~~For~~ loss,;

(B)(D) ~~for R~~ replacement ~~of current equipment~~ when, as a result of normal wear and tear, the wheelchair or device no longer safely addresses the medical needs of the beneficiary and can no longer be repaired.

(h) Seating Systems

- (4)(1) Covered items are manufactured seating systems, seating and seating systems that consist entirely of components that have been custom-fabricated or customized by the DME provider, and seating systems that consist of both manufactured components and components custom-fabricated by the DME provider for use in a wheelchair. A seating system must contain a seat and/or back with one other positioning component.

- (5)(2) ~~Labor~~ Reimbursement for up to five hours of labor associated with custom fabrication of a seating system or customizing a seating system will be made to the ~~DME~~ DME provider, up to the limit of five hours.

- (b)(i) ~~Repairs~~ Repair to damaged or worn ~~out~~ equipment is covered when the equipment is not under warranty.

4.210.3 Qualified Providers and Vendors

- (a) Providers must be licensed, working within the scope of his or her practice and enrolled in Vermont Medicaid.

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(b) Vendors must be Medicaid enrolled providers of Durable Medical Equipment.

4.210.4 7506.3 Conditions for Coverage (04/01/1999, 98-11F)

- (a) The requirements in rule 4.209 7505 regarding durable medical equipment Durable Medical Equipment apply to wheelchairs.
- (b) Payment will be made for ~~a~~seating systems, and/or any required accessories, for ~~an individual beneficiaries~~ residing in a long term-care facility when the system is ~~prescribed by a registered physical or occupational therapist trained in rehabilitative equipment and the system is~~ so uniquely constructed or substantially modified to the individual that it would not be useful to other ~~nursing home~~ residents.
- (c) When ~~the department~~ Vermont Medicaid has purchased a seating system for an individual residing in a long-term care facility and that individual moves to a new living arrangement, Vermont Medicaid ~~the department~~ will purchase from the facility, at the net book value, the components of the wheelchair purchased by the facility.
- (d) When an individual a beneficiary who resides in a long-term care facility moves to a new living arrangement and requires a wheelchair that is not available in the new residence, Vermont Medicaid the department will authorize coverage for a new wheelchair, or purchase, at the net book value, the wheelchair provided by the facility from which the individual moved.
- (e) ~~The department is the owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the commissioner's designee, durable medical equipment may be recovered for reuse or recycling when the original beneficiary no longer needs it. When serviceable equipment is no longer needed or appropriate for a beneficiary, the beneficiary must notify the department.~~

4.210.5 7506.4 Prior Authorization Requirements (04/01/1999, 98-11F)

~~Prior authorization is required for rental of a wheelchair beyond three month~~

- (a) ~~Prior authorization is required for the purchase, -rental, or replacement of all wheelchairs and mobility devices, except the initial purchase of a standard manual wheelchair with sling seat.~~
- ~~(a)-~~
- (b) ~~Prior authorization is required for wheelchair replacement. When an individual who resides in a long-term care facility moves to a new living arrangement and requires a wheelchair that is not available in the new residence, the department will authorize coverage for a new wheelchair or purchase, at the net book value, the wheelchair provided by the facility from which the individual~~ Prior authorization is required for wheelchair repairs costing more than \$~~300~~500. ~~Requests for prior authorization should include the date of purchase and specification of anticipated parts and labor costs. Repair invoices must include an itemized list of components, costs, and labor charges.~~ Equipment guarantees and warranties, ~~and any available third-party liability~~ must be utilized before billing Medicaid.
- ~~(a)-~~
- (c) Prior authorization is required for the labor cost of repairs where parts are under warranty.

7506.5 4.210.6 Non-Covered Services (04/01/1999, 98-11F)

- (a) A wheelchair or mobility device is not covered when used as transportation that otherwise could be accomplished in a vehicle. With the exception of equipment or services authorized for coverage via rules 7104, ~~equipment or services not included under rule 7506.2 and equipment or services that do not meet criteria~~

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~~specified in rules 7506.2–7506.4, where applicable, are not covered.~~

~~(a)–~~

~~In addition, no payment will be made for rental of a wheelchair when a less expensive equipment/service is available and appropriate for the beneficiary's medical needs (for example, crutches for a fractured ankle when the beneficiary has upper body function).~~

(b) Payment will not be made for:

~~(1) back-up equipment,~~

~~(2)(1) Custom-colored wheelchairs or accessories,~~

~~(3) custom seating systems for mobility devices other than wheelchairs,~~

~~(4)(2) Cushions that are not integral to the seating system are not covered,~~

~~(5)(3) Costs associated with repair or adjustments to the original wheelchair and related items within 60 days of purchase or under other implied or expressed warranties, other than labor costs where parts are under warranty, or~~

~~(4) Payment will not be made to DME suppliers for DME supplier's costs associated with fitting and/or evaluation of a seating system. These costs are included in the initial reimbursement for the item.~~

~~7506.6 Qualified Providers (04/01/1999, 98–11F)~~

~~DME providers must be licensed, registered and/or certified by the state (where applicable) and be enrolled with Vermont Medicaid.~~

~~DME providers are expected to maintain adequate and continuing service support for Medicaid beneficiaries.~~

~~7506.7 Reimbursement(04/01/1999, 98–11F)Reimbursement for durable medical equipment is described in the Provider Manual.~~

~~The department is the owner of all purchased equipment. Such equipment may not be resold. At the discretion of the commissioner or the commissioner's designee, durable medical equipment may be recovered for reuse or recycling when the original beneficiary no longer needs it. When serviceable equipment is no longer needed or appropriate for a beneficiary, the beneficiary should notify the department and request permission to dispose of the equipment.~~